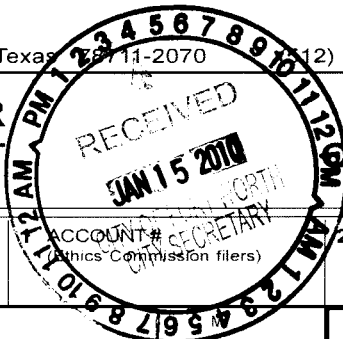


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
OVER SHEET PG 1



The C/OH Instruction Guide explains how to complete this form.

ACCOUNT # _____
(Ethics Commission filers)

2 Total pages filed: 4

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr</u> FIRST <u>Daniel</u>	NICKNAME <u>Danny</u> LAST <u>Scanth</u> SUFFIX	OFFICE USE ONLY Date Received OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEX Date and delivered of pages to be marked Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address <u>505 Highwood St</u> <u>Fort Worth TX 76112</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>817</u> PHONE NUMBER <u>446 7311</u> EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mr</u> FIRST <u>John</u> MI <u>D</u>	NICKNAME <u>Burge</u> LAST SUFFIX	
	7 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE): <u>728 Firewheel Trl</u> APT / SUITE # <u>14</u> CITY: <u>Fort Worth</u> STATE: <u>TX</u> ZIP CODE <u>76112</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>817</u> PHONE NUMBER <u>457-3338</u> EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <u>7</u> Day <u>16</u> Year <u>09</u> THROUGH Month <u>1</u> Day <u>15</u> Year <u>10</u>		
11 ELECTION	ELECTION DATE Month <u>1</u> Day <u>15</u> Year <u>10</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>City Council D-4</u>	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure ..		
	Name		
	Address / PO Box Apt. / Suite # City State Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Danny Scarth

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

•• This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ - 0 -

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 1106.33

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

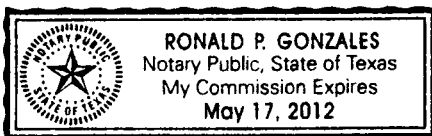
\$ 41,449.10

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 18, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel L. Scarth, this the 15th day of March, 2011, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2**

2 FILER NAME

Danny Scarth

3 ACCOUNT # (Ethics Commission filers)

4 Date

7-27-09

5 Payee name

Woodhaven Country Club

7 Amount (\$)

198.78

6 Payee address; City; State; Zip Code

Fort Worth, TX 76112

8 Purpose of payment (See instructions regarding type of information required.)

Constituent Meetings
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

8-27-09

Payee name

Woodhaven Country Club

Amount (\$)

202.71

Payee address; City; State; Zip Code

Fort Worth, TX 76112

Purpose of payment (See instructions regarding type of information required.)

Constituent Meetings
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

09-13-09

Payee name

Combined Arts Media

Amount (\$)

300.00

Payee address; City; State; Zip Code

Paypal

Purpose of payment (See instructions regarding type of information required.)

Website
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

9-28-09

Payee name

Woodhaven Country Club

Amount (\$)

102.90

Payee address; City; State; Zip Code

Fort Worth, TX 76112

Purpose of payment (See instructions regarding type of information required.)

Constituent Meetings
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

Danny Scarth

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-26-09

5 Payee name

Woodhaven Country Club

6 Payee address; City; State; Zip Code

Fort Worth, TX 76112

7 Amount (\$)

127.04

8 Purpose of payment (See instructions regarding type of information required.)

Constituent Meetings

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

11-30-09

Payee name

Woodhaven Country Club

Payee address; City; State; Zip Code

Fort Worth, TX 76112

Amount (\$)

64.95

Purpose of payment (See instructions regarding type of information required.)

Constituent Meetings

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

12-22-09

Payee name

Woodhaven Country Club

Payee address; City; State; Zip Code

Fort Worth, TX 76112

Amount (\$)

109.95

Purpose of payment (See instructions regarding type of information required.)

Constituent Meetings

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED